

NOTES

OF

SURGICAL PRACTICE AMONGST THE CHINESE.

BY DR PARKER OF CANTON.

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THE following notes are extracted from the Report of the Canton Ophthalmic Hospital for 1844–5, submitted by Dr Parker to the Medical Missionary Society in China, at its annual meeting held at Canton, 25th September 1845. During the period embraced by the Report, 6209 patients were prescribed for; forming, with those of former years, an aggregate of 18,257, since the opening of the institution in October 1835.

“As in former periods, so in this, persons of all conditions and ranks, from the beggar to the highest functionary under the imperial government, have alike availed themselves of the benefits of the hospital.

“Ophthalmic diseases continue to receive special attention; but the institution has become, to a great extent, a general hospital.” The following list shows the number of cases of the most prevalent diseases treated last year.

Chronic Ophthalmia,	1083	Dyspepsia,	30
Entropia,	449	Hernia,	13
Nebula,	408	Cataracts,	198
Pterygia,	257	Staphyloma,	58
Acute Ophthalmia,	214	Ascites,	76
Lippitudo,	207	Chronic Bronchitis,	17
Amaurosis,	57	Worms,	13
Scrofula,	79	Rheumatism,	26
Anasarca,	23		

CASE 1. *Tumour of the Face and Neck. Excision. Recovery.*—Yáng Káng, aged 35, from Sinhwui, latterly a beggar in Macao, had a tumour in the right side of his face, which commenced about ten years ago, and gradually increased in size until it measured two

feet six inches in circumference. Its magnitude and weight entirely disabled him for labour; and he had no resource for maintenance but in begging. When extirpation of the tumour was proposed, the poor man cheerfully consented, and the operation was performed on the 26th October 1844. Two elliptical incisions, each eighteen inches in length, were required to encircle the base of the tumour. Three arteries of moderate size were secured. The whole operation and subsequent dressings occupied about 40 minutes. The tumour was found to weigh $8\frac{1}{2}$ lbs. Its structure was glandular; but there were in the interior a few small cavities, some filled with a mucilaginous fluid of a dark colour, others with a yellowish limpid fluid. Portions of the tissue cut harder than the rest, and were as firm as cartilage. The patient bore the operation with great fortitude, and rallied well from the shock and loss of blood; but, about six hours afterwards, secondary hemorrhage occurred. The wound was laid partially open, but no bleeding vessel could be seen. The application of cold water and tincture of muriate of iron sufficed to arrest the hemorrhage. Cold water epithems over tight dressings were continued. The edges of the wound united by the first intention to a great extent; but partial separations were kept up by the escape of purulent matter from beneath. With this exception, and a degree of paralysis from division of the *portio dura*, nothing untoward occurred; and, in the course of three weeks, the patient was well enough to undertake the duties of porter in the hospital.

CASE 2. *Calculus Vesicæ—Lithotomy—Recovery.*—Si Yáu, aged 35, from the district of Pingyuen, resident in Canton, has been affected with symptoms of stone in the bladder since 1842. A year ago he entered the hospital, when the operation of lithotripsy was performed, by which the stone was broken into two pieces, but could not be crushed on account of its extreme hardness. On this occasion lithotomy was proposed, and consented to. The stone—in two pieces—was easily extracted by the lateral operation. The fragments weighed together one ounce and one drachm. The longer circumference of the whole stone was $5\frac{1}{2}$ inches, the shorter $3\frac{1}{2}$ inches. All went on well, and no unfavourable symptom followed. In nine days the urine ceased to flow through the wound, and in eighteen days the patient was perfectly well.

It is believed that this is the first case of lithotomy that has ever occurred in China. Its successful performance appears to have arrested the attention of the people most powerfully.

CASE 3. *Calculus Vesicæ—Lithotomy—Recovery.*—Chau Wei, aged 21, from the district of Pwanyii, has suffered from stone for fourteen years. During this long period, according to his own statement, he has not been able to sleep in a recumbent posture.

Two stones were extracted; a smaller one, weighing one drachm, and a larger, weighing one ounce. The patient did well until the



second day, when it was discovered that the rectum had been wounded—an accident which, as Liston remarks, may happen in the hands of the best operator: the sphincter was immediately divided, as in the case of complete fistula. In consequence of the inroads of the disease upon the constitution, the consequent irritability of the patient, the presence of large worms in the stomach and alimentary canal, in great numbers, along with the injury sustained by the rectum, the progress of this case was less satisfactory than that of the others of the same nature. The patient became for a time very much emaciated; but, latterly, he regained his strength, and now enjoys robust health, incommoded only by a very small fistula in the membranous portion of the urethra; which, however, is no great annoyance, as the neck of the bladder has resumed its natural function, so that the urine is not permitted to pass, excepting voluntarily. The young man is now able to pursue the avocations of a farmer.

CASE 4. *Urinary Calculus of peculiar character—Recovery after Lithotomy.*—Liú Kwan, aged 34, from the district of Pwányii, has suffered from urinary calculus for twenty-three years. After having been kept for some time in hospital under preparatory treatment, the lateral operation was performed on the 13th May 1845, and a stone, measuring $4\frac{1}{2}$ by $5\frac{1}{2}$ inches in circumference, and weighing $2\frac{1}{2}$ ounces, was extracted. It was seized by the smaller diameter at the first grasp of the forceps, and, on account of its polished surface, the extraction was easy. Only a few ounces of blood were lost. The patient bore the operation with heroic fortitude, not appearing to notice the incisions, and remarked shortly after, that he had not suffered much. He was truly grateful. The calculus was of a spheroidal form, chocolate colour, minutely spotted with yellow. Its surface was smooth and shining, not unlike the skins of some water-snakes. In about forty-six hours after the operation, the canula was removed from the wound, and all was well. But on the ninth day, by the patient's rashly reaching under his bed to get at something, the wound was opened, and considerable hemorrhage occurred,—the blood flowing both through the urethra and through the wound. Thrice did the blood accumulate, and coagula were expelled, before the bleeding ceased. Notwithstanding this accident, the wound healed rapidly, and no urine passed by it after the thirteenth day. The cure was complete on the 6th of June, when the patient was visited by his family and numerous friends.

CASE 5. *Mulberry Calculus—Lithotomy—Recovery.*—Hu Pin, aged 28, of the district of Pwanyii, had experienced symptoms of stone for three years. After the usual preliminary treatment, the lateral operation was performed by Dr Parker, assisted by Drs Lann and Devan, on the 18th June 1845, and a stone extracted which weighed five drachms, and measured four inches by three in

circumference. It was of the mulberry formation, with a surface as rough as that of sandpaper, and under a strong light showed very minute brilliant crystals. It was seized and removed at the first grasp. The transverse perineal artery was divided, but the hemorrhage soon ceased, and, altogether, only a few ounces of blood were lost. The gush of urine, when the bladder was opened, was not so great as usual, and after extracting the stone, which was surrounded by mucus, the finger reached readily every part of the cyst. The incision into the bladder was just large enough to admit the forefinger, but the opening was enlarged, as it was withdrawn, sufficiently to allow a small pair of forceps to be introduced. Like other Chinese patients, this man bore the operation admirably well, uttering not a word of complaint. He smiled on seeing the calculus, and appeared truly thankful. After the operation, and before leaving the hospital, his pulse was 80. He seemed to suffer less than others do under much slighter operations. Eight hours after the operation, the urine passed quite bloodless through the canula.

June 19. Passed a comfortable night. Pulse 75. Unusual quantity of mucus passed with the urine. No water passed by the natural passage. Bowels free. *20th.* Pulse 75, A.M., and 80, P.M. No pains, thirst, nor fever. Large discharges of mucus: less urine than usual. Ordered rhubarb and soda. *21st.* Bowels freely opened this morning. Last night had a free passage of urine by the urethra. At noon, removed the canula, and placed the patient in bed. All symptoms favourable. *July 1.* Since the operation, comparatively little urine has been passed by the urethra. On introducing a small catheter, some obstruction was detected near the neck of the bladder. Catheters of different size were introduced till a very large one was passed, and a small fragment of the calculus was detected. The incision, although in a remarkably healthy state, has not united, owing to the free passage of urine through it. The small instrument for removing fragments was first attempted to be introduced, and afterwards the smallest part of stone forceps, without success. The forefinger of the right hand was then gently passed into the wound, and the opening into the bladder felt and found to be about half an inch in diameter. There being no irritation nor tenderness, a small scoop, well lubricated, was, with some management, introduced, and a small quantity of flat fragments and mucus extracted. The scoop was used a second and third time; after which, the bladder was thoroughly syringed, as usual immediately after the operation. The patient did not suffer much, and was perfectly easy after the removal of the fragments.

July 2. The patient passed the night comfortably, and had no unpleasant symptoms. A large catheter was introduced, and allowed to remain. 10 A.M. All the urine has passed through the catheter to-day. Cleansed and introduced the catheter for the night, and laid the patient on his right side.

July 3. Changed the catheter twice; much muco-purulent dis-

charge. 4th, 5th, and 6th, little change. 7th, P.M. Perceived a slight degree of heat of skin; pulse 80, intermitting. Copious discharge of pus with urine. Gave *Calomel*, gr. vi.; *Carb. sodæ*, gr. v.; *Rhei* gr. viii., and infusion of *uva ursi*.

8th. P.M. Pulse 100, less intermittent. *Uva ursi* continued, with mucilage of gum-arabic, and a blister over the hypogastric region. 9th. Pulse much more regular, but still 100; calomel, carb. of soda, and rhubarb repeated as formerly, with mucilage of gum-arabic. Body to be sponged, and an ounce of sulphate of magnesia to be given in the morning. 10th. Pulse 100, still intermitting. Patient slept well; has less thirst and heat of skin; urine more clear, tongue improved. Wound looks well; but little urine flows through it. Catheter to be cleansed thrice a-day. Infusion of *uva ursi* to be taken *ad libitum*, and seven drops of the tincture of muriate of iron every hour in half a tumblerful of the infusion. Flax-seed tea and congee for drink, to be used freely. One grain of opium night and morning; bowels opened twice. 9 P.M. pulse 104.

11th. Less heat of skin; pulse 104; same treatment continued. At 9 P.M., in removing the catheter, found it slightly adherent to the passage, as if from some stricture in the urethra. The presence of another small fragment was suspected. The inside of the catheter was found to be coated with fine crystallizations of the calculous deposit. Wound is healing rapidly; but little water passes through it. Patient complains of thirst, and is somewhat emaciated, yet his spirits are good. Two grains of calomel, with one of opium, and the free use of mucilage, of gum-arabic, and chamomile-flower infusion were prescribed.

12th. Less fever; bowels open; urine abundant and clear. 9 P.M. Pulse 104, regular, fuller, and less irritable. Patient comparatively comfortable. For the first time, he sat up in a chair. A few drops of urine escaped through the wound in the erect posture. Gave half a drachm *liquor potassæ*, five grains Dover's powder, and two grains of calomel, and continued the *uva ursi* and gum-arabic.

14th. Patient passed a better night than the preceding one; pulse less frequent; urine strongly ammoniacal; *liquor potassæ* discontinued; ten grains of sulphate of quinine, with 15 drops of dilute sulphuric acid, in an ounce of water, at 10, 11, and 12 o'clock. 9 P.M. Patient much better and free from fever; pulse 76; still intermittent; countenance better; appetite improved.

15th. Passed a comfortable night; no fever; ate three cups of rice for breakfast; quinine discontinued.

18th. Wound completely healed.

21st. Patient walked about.

24th. Catheter dispensed with. About the 3d of August the patient was discharged.

CASE 6. *Glandular tumour*.—Chau Tsz'tsai, aged 55, from the district of Sz'hwui, had a tumour about twelve inches in circumfer-

ence, situated below the angle of the jaw on the right side, and insinuating its external portion beneath the edge of the sterno-cleido-mastoideus muscle. It was successfully extirpated.

CASE 7. *Ascites and ventral Hernia*.—Káu Shi, aged 41, of Siáupih. This poor woman was afflicted with a complication of diseases. She had diseased ovaries, ascites, and ventral hernia. The abdominal parietes had given way under the dropsy, nearly at corresponding points on the right and left sides, a little below the level of the umbilicus. The hernial protrusion extended half-way down to the knees. This was punctured with a small trocar, and several gallons of water evacuated, the hernia reduced, and a graduated compress and bandage applied, to the great temporary relief of the sufferer.

CASE 8. *Compound Fracture of Humerus—Amputation of Arm—Recovery*.—Kwo Síhái, aged 25, from the district of Pwanyii, had his right arm shattered by the bursting of a gun, with which he was firing a salute, 10th June 1845. He lay in his boat, where he met with the accident over night, and was not seen by Dr Parker until twelve hours after. He was then removed to the hospital. It was found that the triceps muscle was nearly all carried away, and the humerus, for three or four inches from the condyle, much comminuted. Several inches of the humeral artery had been destroyed. There was no hemorrhage. The artery was seen pulsating—its orifice plugged by a coagulum. The extent of injury, along with the extreme heat of the weather at the time, left no alternative but immediate amputation. The flap operation was performed, and the upper third of the humerus was preserved. The patient sustained the shock remarkably well, and spoke in a natural voice the moment after. There was more than ordinary hemorrhage. Three arteries were tied. There was hemorrhage from the centre of the bone, which was arrested by the tincture of muriate of iron. A good flap was formed, and the patient appeared quite comfortable after the dressing was completed. Pulse 120, small.

Although this patient had been wounded by the discharge of his gun also in the knee, leg, and breast, no unfavourable symptoms followed the operation, and in about thirty days he was discharged well.



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